

Application # \_\_\_\_\_  
Tax Map # \_\_\_\_\_  
Zone \_\_\_\_\_

## Home Occupation Permit Application Town and Village of Northfield, Vermont

Property Location \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Brief Description \_\_\_\_\_

★ Please describe occupation on reverse ★

Date Occupation Will Begin \_\_\_\_\_

The undersigned property owner hereby certifies that the information submitted in this application regarding the property is true, accurate, and complete, and that the applicant has full authority to request approval for the proposed use of the property and any proposed modifications.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

.....

### Administrative Action

☐ Fees

Permit 75.00

Recording 7.00

Total \$82.00

Paid: date \_\_\_\_\_

check no. \_\_\_\_\_

☐ Permit Issued, Effective \_\_\_\_\_

☐ Permit Denied

Zoning Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

A. The granting or denial of this permit by the Zoning Administrator may be appealed to the Zoning Board of Adjustment within 15 days of its issuance or denial. This permit will not take effect until this 15-day appeal period expires. B. If approved or denied by the Planning Commission and/or Zoning Board of Adjustment, there is a 30-day appeal period. This appeal is to Superior Court. C. The issuance of this permit does not release the applicant from the responsibility of obtaining any other permits, licenses, or approvals required in connection with the subject matter of the application from any agency of the State of Vermont and/or U.S. Government or any other interested party.

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The home occupation will be primarily located in:

\_\_\_\_\_ The main house      \_\_\_\_\_ An accessory structure

What is the area (in square feet) of the main house (living space only)?

\_\_\_\_\_

What is the area (in square feet) of the entire accessory structure?

\_\_\_\_\_

What is the area (in square feet) of the space to be used for the occupation?

\_\_\_\_\_

How many employees will be:

Household members \_\_\_\_\_ NOT Household members \_\_\_\_\_

How much traffic will be generated by:

Pleasure Vehicles \_\_\_\_\_ Trucks \_\_\_\_\_ Busses \_\_\_\_\_

Will additional parking be needed?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many spaces? \_\_\_\_\_

Will this occupation result in outside storage or display of materials?

No \_\_\_\_\_ Yes \_\_\_\_\_

Will this occupation change the outside appearance of the property?

No \_\_\_\_\_ Yes \_\_\_\_\_

Will this occupation produce any noise, order or other potential nuisance?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

The applicant acknowledges that this Home Occupation shall be secondary to the use of these premises as a residence and hereby certifies that all information submitted on this application is accurate and complete. The applicant further understands that, if approved, the permit for this home occupation is not transferable to another individual or to another location.